

ST. Joseph's Candler  
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MAY 01 2014

## Leave of Absence Request Form

## STEP 1. EMPLOYEE REQUEST

Name LAKESHA SMITH Employee # 10994 ☐ FT  
 Department SS/EN Supervisor/Director L. CRAFT ☒ PTB  
 Requested Effective Date 3/28/14 - 4/14/14 Expected Date of Return ☐ PTR  
 Address 4/15/14 → ? ☐ PTC

## REASON FOR REQUEST

☐ Employee illness/injury preventing functions of normal duties. Please describe condition below:☒ Work related injury☐ To Care for ☐ Spouse ☐ Child ☐ Parent with a serious health condition. Please describe below:☐ Birth of child☐ Placement of child for adoption or foster care

If reason checked above and you have worked a minimum of 1250 hours and 12 continuous months, you qualify for leave under the Family & Medical Leave Act of 1993. Please see reverse side for your rights under the Family & Medical Leave Act of 1993.

## Other Reason for Request

☐ Personal☐ Military☐ EducationEmployee Signature Lakesha Smith Date 4/28/14Supervisor/Director Signature Doug Craft Date 4/30/14

## STEP 2. DISTRIBUTE WHITE COPY TO EMPLOYEE AND FORWARD YELLOW COPY TO HUMAN RESOURCES

## STEP 3. RETURN TO WORK

Managers — Complete change request at the time the employee goes out on leave. At the time the employee returns to work submit another change request with supporting documentation.

